

To: Kara Graveman, CEO
ABC
1807 Williams Street
Sturgis, SD 57785

Director
New Dawn Center
PO Box 198
19271 Hwy 79
Vale, SD 57788-0198

From: Chris Qualm, Administrator
Office of Health Care Facilities Licensure and Certification
615 East 4th St.
Pierre, SD 57501-1700

Re: Compliance Survey conducted 11/26/2019

By: Cindy Koopman Viergets, REHS, Senior Health Facilities Surveyor
Department of Health, Health Care Facilities Licensure and Certification

Classification and Address: New Dawn Center
PO Box 198
19271 Hwy 79
Vale, SD 57788-0198

Code Standards: *Administrative Rules of South Dakota 67:61 Substance Use Disorders
*National Fire Protection Association 101 Life Safety Code (LSC) 2000
Edition, chapters 1-10 and 33
*Americans with Disabilities Act Accessibilities Guidelines (ADAAG)

Cc: Mary LeVee, Department of Social Services
Division of Behavioral Health Services

Bed Capacity: 24 Beds; Census 22

The purpose of this survey was to conduct an initial survey, evaluate the operation, and determine compliance with South Dakota Administrative Rules 67:61:09 & 67:61:10.

The following is a list of items that were found out of compliance with the above rules. Please provide a plan of correction, correction date, and quality assurance plan for the following noted deficiencies. We request that you provide this office with your plan of correction stating the completion date for the corrections, the corrective action you have taken, or the plan of correction that you intend to make. **The plan must be submitted to our office by January 13, 2020.** Please indicate staff position or titles, not personal names, in your plan of correction if/when you identify what staff position will be responsible for corrections or monitoring

compliance. Please sign the plan of correction prior to returning. In lieu of mailing, you may scan and email your copy to the following:

Mary.levee@state.sd.us , Heidi.gravett@state.sd.us , and Cindy.koopmanviergets@state.sd.us.

If you have questions regarding the survey, please do not hesitate to contact the Department of Health.

1. The kitchen and housekeeping cleaning cloths were not laundered with a process for disinfection of those cloths. Those job cloths must have a sanitizer added to the final rinse or be processed with hot water at least 160 degrees Fahrenheit (F). Interview with the director revealed he was not aware those cloths must be disinfected.

Date of correction: 12/12/2019

Plan of correction: the kitchen staff was provided with Lysol disinfecting soap and informed that when the rags are washed every other day that they utilize that wash and place the temp on the washing machine on hot. (staff was trained on how to do this Monday December 16th). Executive staff will monitor the washing on chore day after the chores are complete on Mondays and sign off until its implemented fully.

2. The hot water on the east side of the facility was found at 143 degrees F. The hot water can be no more than 120 degrees F to prevent scalding. Interview with the director at the time of the testing was unaware the hot water was at that temperature and had it turned down immediately.

Date of correction: 12/1/2019

Plan of correction: Executive staff went with maintenance and had it turned down immediately and maintenance will monitor the reading on the water heater and settings monthly with the fire alarm and fire extinguisher checks.

3. The west and east bathrooms need to be completely remodeled. Both rooms had holes in the linoleum. The walls and ceilings need to be repainted, as they are peeling and damaged. The sink cabinets are deteriorated. The shower stalls had mildewed and darkened caulking along the floors and walls that must be replaced. Interview with the director at the time of the observations confirmed those findings. He stated he was aware the bathrooms were in need a complete remodel. He confirmed this deficiency had been written on three previous surveys (2/27/17, 11/28/17, and 7/13/18).

Date of correction: 12/1/2019

Plan of correction: Executive Staff received a quote on 12/14/2019 and will begin work on January 2020 to complete the bathroom remodels. Staff was also informed on the issues that needed compliance and executive staff will stay in the loop with the state regarding the progress.

4. The exit light on the north exit of the recreation building was not illuminated. Interview with the director at the time of the observation confirmed that finding. He stated his maintenance person had a check sheet to check those exit signs but had apparently missed that one.

Date of correction: 12/1/2019

Plan of correction: Executive staff went with maintenance and checked all the exit lights on the property. Staff was given a checklist to include the light check on the monthly logs with the fire and water heater inspection list.

5. A space heater was noted in the maintenance office in the recreation building. Space heaters are not allowed as temporary heating. Interview with the director at the time of the observation confirmed that finding. He stated he was not aware the maintenance person was using a space heater for his office.

Date of correction: 12/1/2019

Plan of correction: Staff was provided a reason and explanation as to the space heater not being used in the shop area. It was brainstormed and discussed that the maintenance and staff will look for another alternative to get heat out to the other side of the building from the man cave side to the shop side. There is a way to get the resonator to blow heat to the other side of the building. Maintenance is working with a HVAC guy on how to complete that.


Kara Grauman
LAC, CPS, MS

Agency Signature: _____

Date: _____12/23/2019_____